

Jon Lloyd Houston x-2791955

Name and Prisoner/Booking Number

Rio Cosumnes Correctional Center

Place of Confinement

12500 Bruceville Road,

Mailing Address

Elk Grove CA 95757

City, State, Zip Code

FILED

OCT 19 2020

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

BY

DEPUTY CLERK

(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

Jon Lloyd Houston

(Full Name of Plaintiff)

Plaintiff,

v.

(1) Sacramento County Sheriff's Dept.

(Full Name of Defendant)

(2) Mercy SAN Joaquin Hospital

(3) Sacramento County Health Services

(4) Sacramento County

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

2:20 - CV 2085 - DB PC

CASE NO.

(To be supplied by the Clerk)

**CIVIL RIGHTS COMPLAINT
BY A PRISONER**

☒ Original Complaint

☐ First Amended Complaint

☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: Sacramento County

B. DEFENDANTS

1. Name of first Defendant: Sacramento County Sheriff's. The first Defendant is employed as:
Entity at Sacramento County Sheriff's Dept.
(Position and Title) (Institution)
2. Name of second Defendant: mercy SAN JUAN Hospital. The second Defendant is employed as:
Entity at Hospital
(Position and Title) (Institution)
3. Name of third Defendant: County Health Services. The third Defendant is employed as:
Entity at Sacramento County Health Services main
(Position and Title) (Institution) Jail
4. Name of fourth Defendant: Sacramento County. The fourth Defendant is employed as:
Entity / City / County at County
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? 0. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**CLAIM I**

1. State the constitutional or other federal civil right that was violated: Discrimination, FALSE ARREST.

2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input checked="" type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

ON 3-8-2020 I WAS Kidnapped And Almost Beaten to Death, I Escaped The House of my Attackers AS they proceeded to Attempt to wrap my Body in plastic AS I RAN Down The Street without No Shoes, Socks, Underware, Skirt, Just Sweats I grabbed on the way out the front Door, They Got into their car And Attempted to Run me over, I RAN Around The corner to the First Neighbor House, Banging on the Door AS my Attackers Approached Again, I Broke the Window on the Door of the Neighbor house And hid Behind the Door AS they Drove By, The Resident came out yelling At me And I said please call 911 Someone's trying to kill me AS I lay in A pool of Blood, I ASK The Resident to protect my Body, if I passed out until the police Arrived, when the police/Sheriff's Arrived I told them what happen And who Did it where I came from And Begged them to Arrest The 3 people who Attempted to murder me, they Said I was not making Any sense And Arrested me for 4.5 9(A) (1st) Held me for three days then on my First Court Date Dropped my Case And Released me from Jail. I Still Bloody Broken Bones in Flip Flops.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

AS A victim of A violent crime The Sheriff's caused injury By taking away my Right to Justice, And Because of color or social class discriminated against me charging me with Burglary, Also they put my Safety at Risk Because my Attackers have continued to look for me since that Day. And they Killed my friend mark cotton, Already

5. **Administrative Remedies:**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: Cruel and unusual Punishment, 8th Amendment

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On 3.8.2020 I was a victim of a violent crime And ARRIVED At mercy SAN JUAN Hospital I had multiple Gashes AND Lacerations From Being Beat with Blunt metal objects. From Being Kidnapped And Almost murdered, I was transported here in a Ambulance in the custody of the Sacramento county Sheriffs Department I was given a CT Scan which showed Swelling of my Brain, Fractures in my face and Skull and my Nose was Broken to the Right, I Received No medical Attention Besides The scan, No Stiches, left my Nose Broke, And told the Sheriffs to Just take me to Jail.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☐ Yes ☒ No
- Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. Not A Administrative Issue / Not Grievable

CLAIM III

1. State the constitutional or other federal civil right that was violated: 8th Amendment
Cruel and unusual punishment

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

On 3.8.20 Sacramento county Sheriff's took me to Sacramento County Jail, After I had been a victim of a violent crime it was clear and I informed them that I had great bodily injury, and Gashes and lacerations on my head and face. They gave me no stitches or even band-aids. Between 3.8 and 3.10.20 (CHS) County Health Service at the main jail took X-RAYS of my head and seen my nose was broken to the right side and fractures in my skull and made the decision not based on medical bases not to treat me or see if I had any brain damage by CT scan. Broken nose fractured skull multiple lacerations no stitches no setting of my bones. This is how I was treated when I was a victim of a senseless violent crime.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☐ Yes ☒ No
- Did you appeal your request for relief on Claim III to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. My injuries were to severe to fill out a Administrative Relief claim form, And I was unaware of my injury at that time.

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

I seek Relief in the Amount of
\$5,000,000.- (five million Dollars) Plus ten times the
Awarded Amount in Punitive Damages

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

10.10.2020

DATE

Jon J Houston
SIGNATURE OF PLAINTIFF

None pro-per
(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

—
(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.

Dear Clerk of Court,

10/15/20

could you please give me instructions for
serving these Entities if possible. Thank you
for your Attention to this matter
and you have A Blessed Day!

Jon H.